

MOCABI



TRAIN THE TRAINER

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Our Mission

- ✎ The ultimate goal is to standardize the MOCABI assessment process across the state. The subjectivity of this assessment tool has led to much debate over scoring and interpretation. The lack of adequate training for administrators has necessitated the need for the following:
 - ✎ 1. Clarification of instructions for administration.
 - ✎ 2. Standardization of tools for administration.
 - ✎ 3. Minimum certification requirements and training.
 - ✎ 4. To continue to enhance the training and administration for the MOCABI to ensure consistency across the State of Missouri.

Training Objectives

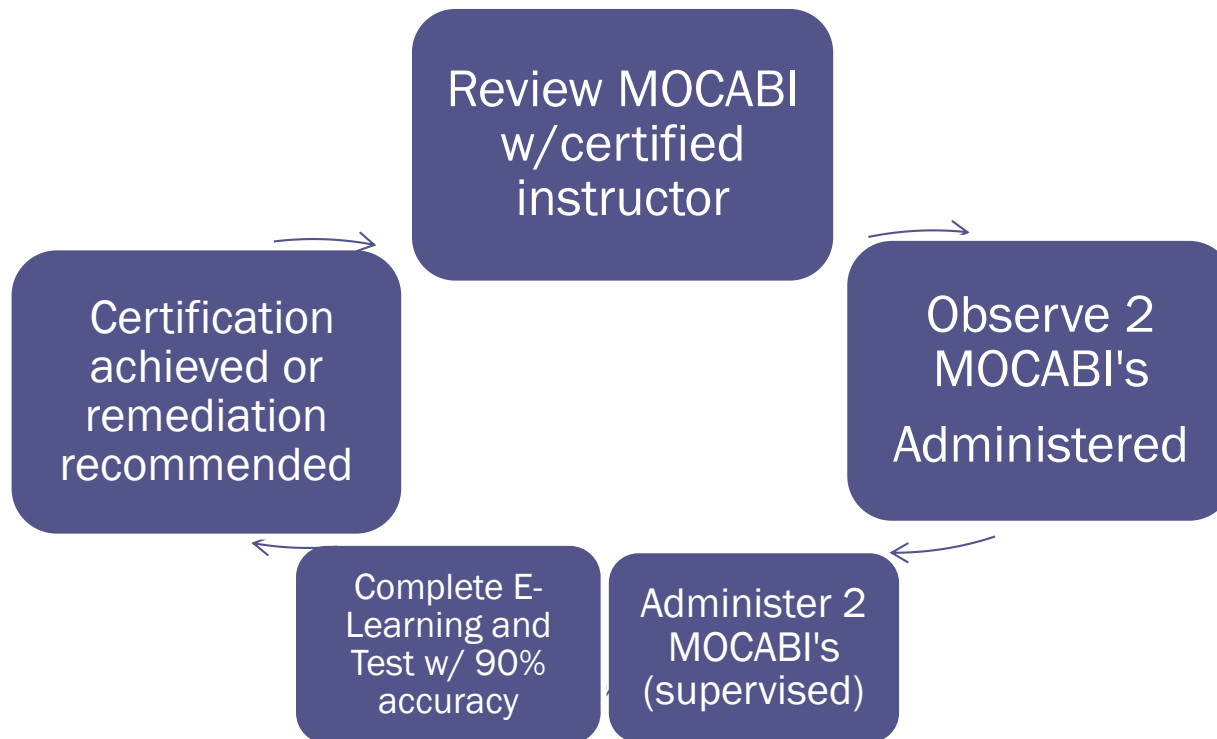
- ∞ Clear understanding of the certification and credentialing renewal process
- ∞ Consistent interpretation when scoring the MOCABI
- ∞ How to justify the results
- ∞ Clear understanding of the process to resolve questions and unusual situations
- ∞ Training Materials

What isn't working

- ✎ Not having standardized tools to take to the assessment.
- ✎ Different interpretations of responses
- ✎ Lack of training for administrators
- ✎ Subjectivity of overall scoring

Certification Process

MOCABI CERTIFICATION PROCESS



Certification Process Continued

- ☞ Once the trainee has been through this power point training, there will be 4 observations of a MOCABI being administered.
- ☞ The trainee will observe two MOCABIs being administered by a trainer or certified administrator.
- ☞ The trainee will then complete a MOCABI with supervision by the MOCABI trainer or a certified administrator . This MOCABI is useable and valid if signed by the trainer or a certified person on the summary page.
- ☞ The final observation of the trainee giving a MOCABI must be done by the qualified trainer. A MOCABI Observation Evaluation Form will be completed by the trainer regarding the trainee's abilities and competence level. The trainer must sign the sheet, verifying that he/she conducted this final observation.
- ☞ If the trainer is comfortable with the abilities of the trainee, his/her name is to be submitted to the designated Statewide Trainer MOCABI MELS course will be assigned. Do not contact Central Office, they will not be able to assist you with this process. Only designated trainers will be able to submit candidates, applicants will not be able to submit their own names.

Certification Process Continued

- ☞ The MELS MOCABI Training test must be completed with 90% accuracy. If the Administrator fails to get 90% on the test, they will not be permitted to retake the test for 10 working days, but will continue with step 5 (remediation). A second observation sheet will be submitted to the State-Wide Trainer as indication that the trainer has determined they are ready.
- ☞ If the Administrator fails to get 90% on the test the second attempt, they will be required to complete a more extensive remediation period with training and additional observations by their agency trainer. The time period will be addressed on a case by case basis. A third observation sheet will be submitted to the State-Wide Trainer and a discussion between the trainer and the state training team will be required before a 3rd attempt set up.
- ☞ A database of certified MOCABI trainers and administrators will be maintained by the Division of DD.
- ☞ Final approval for certification is dependent on the Trainer's judgment and recommendation.
- ☞ TCM entities are not required to identify an internal staff member to be a trainer for their organization. In such cases, the trainer from the local Regional Office will be utilized.
- ☞ If a TCM agency loses their designated trainer, then the Regional Office will step in as trainer until a replacement has been trained. Train the Trainer certification will be offered annually.

Certification Upkeep Requirements

1. For recertification all Trainers will be required to attend a face to face workshop (with the State-Wide Trainers) & complete an exam (with 90% accuracy). This recertification process will take place on even years (i.e. 2014, 2016 & etc).
2. For recertification all Administrators will be required to complete an MOCABI with a Trainer observing & refresher MELS course with exam (90% accuracy). This recertification process will take place on even years (i.e. 2014, 2016 & etc).
3. When a TCM agency loses a designated trainer, they may send a replacement trainer to the annual workshop (in April). The Regional Office Trainer will cover the training of any new administrators or questions until the annual retraining occurs and a new trainer can be certified.
4. If a Regional Office loses a designated trainer, they may send a replacement trainer to the annual workshop (in April). The State-Wide Trainers will cover the training of any new administrators or questions until the annual retraining occurs and a new trainer can be certified.

Preparation

∞ **Scheduling – location** *The location should be comfortable and private. If it is anywhere other than the applicant's home the reason should be noted in the summary. *The applicant must be present.

∞ **Who needs to be there?** *The applicant must be present (once the interview has started, if the applicant chooses not to participate and wants/needs to leave allow them to do so) *Meet with applicant at a later date to complete the observations but continue the interview with the informant *An informant is required *If the informant cannot be present in person their input must be gathered either before or after the assessment. *If the informant is not helpful a different informant may be contacted later for verification of the applicants responses.

∞ **What to take with you** *watch/phone or paper representative of a clock. *the correct amount of change. *Script for the MOCABI- It is very important you remember to tell the Informant to let the applicant respond first to each question. Let the informant know if they do not respond to a question you will assume they agree with the applicant's response. Remember to tell the applicant the 3 words and give a brief description of the purpose of the MOCABI.

∞ **Additional observations needed** *If you are unable to come to a conclusion in a specific area you can have another certified administrator observe or reassess at a different time.

∞ **Copying the booklet** *TCM agencies have permission to copy the booklet but please make sure that there is a blank page after the personal data sheet for the applicant to draw a square.

Preparation

- ∞ The MOCABI can only be given once a year.
- ∞ For Waiver eligibility the MOCABI can be used for applicants 18 and older. These assessments are to be re-administered every 2 years.
- ∞ For redetermination of eligibility for services the MOCABI can be used for applicants 17 ½ and older.

Personal Data Page

Current or most recent job-applicant can give examples related to school or volunteer. For disability, the administrator can rephrase the question. Ex: What are some of the things you need help with. What are some of the things staff help with.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET

START HERE: **READ OUT LOUD AND FOLLOW THE INSTRUCTIONS EXACTLY.**

FIRST, DRAW A LARGE SQUARE ON THE BACK OF THIS PAGE, NOW!

AFTER DRAWING THE SQUARE, CONTINUE READING THE INSTRUCTIONS BELOW.

Please fill in the information requested below. You may write, print, or type your answers. If you cannot write, print or type, the intake worker will write your answers down for you. This task will be used to measure several important abilities. First, it will help measure your ability to read and follow directions. Second, it will help measure your ability to respond in writing to requests for information. Third, it will help measure your ability to provide personal data as needed, such as when you apply for a job, visit a doctor, etc. Thank you for your cooperation.

FULL NAME

DATE OF BIRTH

SEX

CURRENT MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

EDUCATION (CHECK HIGHEST LEVEL COMPLETED)

☐ GRADE SCHOOL ☐ HIGH SCHOOL ☐ SOME COLLEGE ☐ ASSOCIATE ☐ BACHELOR ☐ MASTER ☐ DOCTORATE

DESCRIBE YOUR CURRENT OR MOST RECENT JOB

DESCRIBE YOUR DISABILITY AND THE WAYS IT AFFECTS YOUR LIFE

ABOVE DATA FILLED IN BY THE

☐ APPLICANT ☐ INTAKE WORKER

Do not read the booklet to the applicant. You may draw a little star and/or point to 'START HERE' If they do not start reading, don't ask them to draw a square. Do prompt them to write their name. If they do not write then ask them to verbally relay the information. If they are unable to read or write or relay verbal information mark a line through the personal data page and write that the applicant was not able to complete it. If they use their ID card or ask for help it isn't necessary to stop them. The summary should include a description of their abilities and any assistance needed.

How to score answers

- ∞ **Can do versus doesn't do** *Personal choice doesn't mean automatic functional limitation. When their choices are impacting the applicants health or safety it could be a NO. EX: Choosing not to follow a diabetic diet that has/will impact the applicant's health would be a NO but choosing not to follow a diabetic diet that does not yet directly impact their health could be a YES.
- ∞ **Things you can't observe - handling discrepancies** *If the administrator didn't physically observe an answer, your observation is what the applicant and informant told you. *Ask probing questions. Spend as much time as you need to get a clarifying answer. *If the applicant is sensitive about the subject you may gather clarifying information from the informant at a later time.
- ∞ **Mark all columns** *do not leave any blanks on the questionnaire.
- ∞ **Each "no" requires a comment** *comment must justify the response. Avoid comments such as "needs help" or "total care" or "has guardian". *The comment section can state "see summary page" if there is not enough room to write your summary in the comment section.
- ∞ **Some "yes" answers may require a comment** *If all yes scores in the category but still score a NO on the last question a comment is required. *If the applicant and informant's responses conflict then a comment is required
- ∞ **Ask Probing questions** * ask questions until you are confident you have a clear picture of the applicants abilities for each statement.

Self Care Questions: The applicant must demonstrate the ongoing ability to appropriately perform basic activities of daily living with little or no assistance/ supervision.

1. Applicant independently feeds self including cutting food, lifting food and drink to mouth, chewing and swallowing, when served a prepared meal and using personally owned assistive devices if necessary.
* Score NO if the applicant routinely experiences major problems such as dropping food and spilling beverages, choking, gagging or takes more than 1 hour to complete an average meal. *Comment should include specific assistance needed.
2. Applicant independently toilets self including transferring to toilet, wiping self and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine. YES if applicant requires a standard accessible bathroom but is able to toilet self independently however this might constitute a NO on the last question. *Comment should include specifically what assistance is required.

Self Care Questions

3. Applicant independently selects attire appropriate as to season and activity. *Ignore issues of style, fashion or taste unless there is evidence that the applicant is or would be rejected by peers, employers, etc. if assistance was not available. *Could still score a YES if the person chooses not to (his/her preference). *Ex: wearing sweatpants to a formal dance or wearing a heavy coat in the summer because they don't know the risk this poses or it severely impacts their life.
4. Applicant independently dresses and undresses self including underclothes, outer clothes, socks and shoes using personally-adapted clothes or assistive devices if necessary.*Score NO if applicant requires more than 1/2 hour to dress because of physical limitations or requires help in getting clothes out of the closets or drawers. *Score a NO if the person can't get clothes out themselves. * Score YES if applicant can do but won't. *Score YES if person uses elastic/velcro type accommodation all the time.
5. Applicant bathes self independently including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower and drying using personally-owned assistive devices if necessary. *Score NO if there is evidence that applicant is at high risk of injury if assistance or supervision is not available (fall risk, seizure disorder, etc). *NO if the applicant can't adjust their water temperature.

Self Care Questions

6. Applicant self-administers oral medications including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid) and closing container using personally-owned assistive devices if necessary. *Score a NO if applicant doesn't understand the purpose of medications and is at risk of illness or injury if unsupervised. *If applicant refuses medications it may be necessary to mark YES but could mark NO under across environments question (maybe they have a mental illness or are in drug rehab) *If the applicant doesn't take meds ask questions about OTC medications such as "what would you take for a headache? How often can you take it? Can it be taken with other meds"

*Applicant's abilities in this category as measured by these statements are functional **most of the time and in a variety of settings** such as home, school and/or work. *A comment must be written here. Administrator can write "see above" *If any answers in the category is scored NO then this question is automatically a NO *Score NO if, even though items 1-6 scored YES, if there is evidence that the applicant requires significant assistance with self-care in settings other than that in which the assessment is conducted or at other times due to applicants disability. If you score a NO even though items 1-6 are scored YES then you must let the CCM trainers know.

Receptive and Expressive Language: Applicant must demonstrate the ability to understand ordinary spoken and written communication and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis.

1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language using a hearing aid or other personally-owned assistive devices as necessary. *If not deaf but uses accommodations such as a communication device- if the person can communicate and has the ability to demonstrate comprehension score a YES. *If the applicant is non-verbal and it is evident that they comprehend by their actions it could be a YES.
2. Applicant has sufficiently intelligible speech to communicate common words to applicants of casual acquaintance in the community. *If applicant is dependent upon augmentative speech devices, score Yes. The interviewer qualifies as a casual acquaintance unless s/he is very familiar with the applicant. *This question is about verbal speech in a casual setting.

Receptive and Expressive Language

3. Applicant has sufficient vocabulary, grammatical ability or non-verbal communication skills to conduct ordinary business with applicants of casual acquaintance in the community. *The functional evaluation interview is representative of ordinary business unless the interviewer feels that his/her special skills are essential to facilitating communications. *This question is about verbal speech that is business. When communicating with store clerks/strangers/ etc. can they ask and answer questions with full comprehension? If someone always orders a #2 value meal at McDonald's but doesn't understand what that is and can't answer questions about it could be a NO.
4. Applicant can conduct a functional two (2)-way conversation over the telephone such as scheduling personal appointments or obtaining consumer information using an amplified telephone or other personally-owned assistive devices if necessary. *The applicant must complete the call independently, including obtaining the number and dialing (not speed dialing). *Would be acceptable for the applicant to schedule an appointment and tell someone else when it is scheduled in order to write it down as long as the applicant also used the telephone independently. *Question is not a casual phone call but a FUNCTIONAL/ business call.

Receptive and Expressive Language

5. Applicant has sufficient sight and reading ability to access and comprehend ordinary written text using eye glasses, dictionary or other personally-owned assistive devices if necessary. *Ignore lack of speed or fluency. Comprehension is the issue. Score YES if applicant understands the content, even though s/he may have difficulty with specific words. Score NO If unable to gain accurate comprehension of content. *Information can be gathered from ability to read the personal data sheet and follow instructions- did the applicant draw the large square on the back of the page?
6. Applicant has sufficient physical skills, vocabulary and grammatical ability to write or type a functional letter such as a personal note to a friend or a response to a business or government communication using eye glasses, typewriter, word processor or other personally-owned assistive devices if necessary. *The applicant must complete the task independently, including both physical and cognitive components. The letter must be clear enough in graphic quality and content to be read and understood by any good reader. *If the person says they can write a note or letter to a friend the administrator should ask more questions to find out if they can answer a business letter. *must be able to read and respond to a letter such as for Medicaid or social security. *if they did not answer the last questions on the personal data sheet than it could be a NO

Learning: The applicant must demonstrate the ability to acquire information, process experiences and appropriately perform ordinary age-appropriate cognitive tasks on an ongoing basis.

1. Applicant has sufficient hearing or sight or mental ability to access and comprehend the content of ordinary television or radio programming using a hearing aid, eye glasses or other personally-owned assistive devices if necessary. *The issue is comprehension not physical ability to operate the television or radio. *Could be a NO if the applicant doesn't verbalize that they understand TV/video games/ radio programming. *Ex: applicant states their favorite TV show but can't describe the characters or the last episode they watch, this could be a NO.
2. Applicant has sight, sense of touch or sense of smell to identify common domestic products and is able to explain their common uses. *The issue is differentiation of products and comprehension of function, not physical ability to use the products. *Administrator can ask the applicant to show them where they keep the cleaning products in their home or use pictures of cleaning supplies and ask the purpose and how they would use it.*The specific measurements of products is not as important as the applicant's ability to use the product safely (ex: not pour an entire bottle of dish soap in the sink.)

Learning

3. Applicant has sufficient money skills and sight or sense of touch to identify pennies, nickels, dimes and quarters and to calculate the value of any combination of these coins up to \$2.00. *If the applicant lacks the physical skills to manipulate the coins but accurately calculates the value with minimal assistance from the interviewer, for example, moving the coins under the direction of the applicant. *Abilities must be functional so applicant shouldn't take a long time or need to count the money several times. *Have the applicant count the change back more than one time – possibly up to three times.
4. Applicant has sufficient time skills and sight, hearing or sense of touch to tell the time of day to the quarter hour including AM and PM given a clock or watch appropriate for the applicant using eye glasses, hearing aid or other personally-owned assistive devices if necessary. *The terms “morning/afternoon” or Day/night” may be substituted for AM/PM. Either analog or digital watches and clocks may be used. Applicants with visual impairments may use talking devices if they keep it with them all the time. *Applicant can substitute morning/evening or night/day but they must understand the difference for the question to be scored a YES.

Learning

5. Applicant is able to provide reasonably complete and accurate personal data including name, date of birth, place of residence (street address, city and state), telephone number, nature of disabling condition, education, employment data, etc. *Applicant must demonstrate ability to respond to a variety of requests for information. If applicant is clearly limited to providing basic data from rote learning and memory, score NO. *Must be able to complete the entire Personal Data Sheet of the MOCABI either written or verbally without help. *If the applicant asks for assistance to answer the demographic questions than the administrator will need to gather further observation at a later date about the applicant's ability to complete the personal data sheet independently.
6. Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker. *Score YES if applicant's statements include at least one of the following: eligibility for services; identification of needs; assessment of limitations or abilities and it CAN be in their own words. *Applicant needs to comprehend that the MOCABI is to help them obtain or keep supports. *Ex: applicant can say "so I can keep my case manager, to help me get services or to help me get the help I need"
7. Applicant is able to demonstrate memory of three (3) items (chair, apple, bird) given at beginning of interview. *Score YES if applicant is able to remember at least one (1) of the three (3) items with no cues.

Mobility: While performing purposeful activities, the applicant must demonstrate the ability to move about with little or no assistance or supervision on an ongoing basis.

1. Applicant independently and safely moves about within indoor and outdoor environments using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. *See item 6 for definition of safely. If applicant is independent in mobility with the single exception of climbing stairs score YES. *Consider known falls/injuries in the past year. *If they walked into the room and appear to safely be able to walk in outdoor environments as well score YES
2. Applicant independently and safely gets up and down curbs up to six inches high using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. *If no curbs are available for observation, score YES only if applicant clearly has the ability and has done so at some previous point. *Administrator could ask about steps or stairways.

Mobility

3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary.
*The issue is ability to recover dropped items so that independent functioning is not compromised by common and expected accidents. *It is recommended that Administrator can drop their pen or other object and ask applicant to retrieve it. *Applicant can use grabbers, but then consider the last question whether this is function most of the time and in a variety of settings.
4. Applicant independently and safely gets in and out of bed, using personally-owned assistive devices if necessary. *In cases where sleeping arrangements requires use of assistance or supervision, score YES only if applicant clearly has the ability and has done so at some previous point in time.
5. Applicant independently and safely operates household equipment such as TV, radio, oven, vacuum cleaner, etc. using personally-owned assistive devices if necessary. *See item 6 for definition of safely. If dependent upon complex customized equipment that requires professional installation and maintenance score NO. *This is not about comprehension. Can applicant manipulate and/or operate at least two (2) major appliances requiring different physical abilities without falling or causing self-harm due to mobility. If they can physically use a stove but might be burnt without supervision score a YES-comprehension regarding use of stove is in Category V.

Mobility

6. Applicant crosses streets independently and safely. *The term “safely” should be interpreted to mean “without a degree of risk significantly greater than that taken by the average person.”* Is the applicant physically able to look both ways and cross the street. If they can but wouldn’t remember to look both ways score a YES. If they are physically not fast enough to cross the street in a reasonable amount of time then score a NO. Note: navigating curbs is not included in this item.
7. Applicant independently and safely gets in and out of his/her place of residence including locking and unlocking doors. *In cases where the applicant has minimal opportunity because of restrictions imposed by living arrangements score YES only if clearly able and has done so at some previous point in time. *Do not consider applicant’s ability to remember their house key, it is about their physical ability to use a key to unlock the door and turn the knob. *Ability to use a padlock or keypad is not acceptable.

Self-Direction: The applicant must demonstrate ongoing ability to take charge of life activities, as age-appropriate, via an appropriate level of self-responsibility and assertiveness.

1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities including when to get up, what to do (for example work, leisure, home chores, etc.) and when to go to bed.* In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements score YES only if applicant clearly has the ability and has done so at some previous point in time. *guardianship status is not relevant to this question. *To score a YES the applicant must be able to set their own daily agenda. *If the person uses an alarm clock but someone sets it for him/her score a NO.
2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangement, marriage and career choice. *For young adults who have not had to make major decisions as yet, consider their understanding of the process of decision-making as well as performance in making and implementing minor decisions and score a YES if they clearly demonstrate the potential. *If applicant has a guardian score NO. * If the applicant is their own person, ask questions to determine his/her cognitive ability to make informed choices vs. asking for advice.

Self-Direction

3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives or coworkers. *Key considerations in assessing this ability are the equality and endurance of relationships. If applicant has interpersonal relationships but they are dependent upon the other party or third party to maintain score NO. *It may be necessary to ask lots of questions to gather this information. Do they have friends? Do they see them regularly? Do they initiate this contact? Are they taken advantage of? If no friends is this by choice? Can they maintain relationships over a period of time (a year or more)?
4. Applicant makes and implements essentially independent daily personal decisions regarding diet including when to eat, where to eat and what to eat. *Same as item 1. Also ignore issues of quality of diet unless there is a clear and imminent health risk. Focus on the applicant's ability to organize and implement a meal schedule. *Diet does not have to be healthy but a NO would be scored if their diet severely impacts their health- for example a diabetic refusing to eat healthy and suffering from imminent health complications.

Self-Direction

5. Applicant is essentially independent in managing personal finances including making decision regarding allocation of financial resources and keeping track of financial obligations. *
The applicant need not have high level math skills. The key is levels of responsibility and organization adequate to manage financial matters either directly or by directing others on a timely basis. * If applicant has a guardian or conservator score NO. Payee is not an automatic “no” should question purpose for payee. * If applicant makes poor financial choices resulting in inadequate finances on a routine basis, such as asking for money to pay bills monthly, this could be a NO. *If the applicant has never had the opportunity to manage their finances score NO.
6. Applicant self-refers for routine medical and dental check-ups and treatment including selecting a doctor, setting appointment and providing a medical history as necessary. *In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score YES only if applicant clearly has the ability and has done so at some previous point in time. * Applicant must be able to complete the entire process including providing medical history *Administrator could ask “how would I go about seeking medical treatment?” or “do you independently answer the history questionnaires when you go to the doctor?”

Independent Living/Economic Self-Sufficiency: The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary emotional, physical, medical or financial support systems.

1. Applicant generally carries out duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders. *In cases where the applicant has minimal opportunity to perform chores regularly because of restrictions imposed by living arrangements, score YES if indeed clearly able. *NO if the applicant cannot remember to complete all household duties *YES if they don't complete chores by choice *NO if the applicant cannot provide simple meal prep because they would burn themselves on the stove/oven. *Frozen meals/ sandwiches can be consider simple meal prep but they should be able to prepare more than just one simple item.
2. Applicant is aware of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in at least one (1) on a regular basis.*Applicant must demonstrate common knowledge of community activities and the ability to access those of choice. If disability prohibits this, score NO. If applicant freely chooses to limit his/her activities, score YES. *If they can't communicate and make decisions then NO. *The applicant must be able to know what's going on in the community or know how to find out. Going to Wal-Mart because everyone goes there doesn't qualify as a YES.

Independent Living/Economic Self-Sufficiency

3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk. * If applicant has never been left alone because of restrictions of living arrangements, probe for specific anticipated risks. Score YES if none are identified. *If the applicant has never been left alone due to risks to the individuals safety score NO. *Comment should be more than just “lives in an ISL”
4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this are if no work history has been established) *Applicant need not mention any particular trait listed but must demonstrate general understanding of the expectations of the world of work not just reply with rote memory. To score YES, traits must be verified by the informant. *Person should give at least 2 traits and if the person has work or school experience they must exhibit these traits on a regular basis. *It might be necessary to ask clarifying questions to determine if the applicant is reciting information or if they have a clear understanding. *Take into consideration what you know about that person and work experiences- for example do they frequently call in because they don't want to go to work? *If they rely on others to ensure they are at work on time this could be scored a NO.

Independent Living/Economic Self-Sufficiency

5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc. * Applicant need not mention any particular approach listed but must demonstrate general understanding of the process of job hunting. * The applicants response should be more than just rote memory and appropriate for them. For example, if they say look in the newspaper can they read?
6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required.
*Ignore issues of probability for success in stated vocational preference. Score YES if applicant is unable to state a preference because s/he is knowledgeable of and attracted to several jobs.
7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability. *Score NO if applicant is unaware of or denies obvious problems. Score YES if applicant is knowledgeable of obstacles but asserts his/her ability to overcome them. *This information can be taken from the personal data page. *Might ask the person "if you didn't have staff or supports, what kind of help would you need"

Summary Page

The summary should include at least the following:

- ∞ A summary of the findings
- ∞ Strengths and weaknesses of the applicant.
- ∞ Information regarding the applicant's ability to complete the Personal Data Sheet.
- ∞ Any further comments that were not included in the previous sections.
- ∞ Any notable information regarding the informant.
- ∞ The location that the assessment was completed.
- ∞ Anything pertinent to the interpretation of the scores.

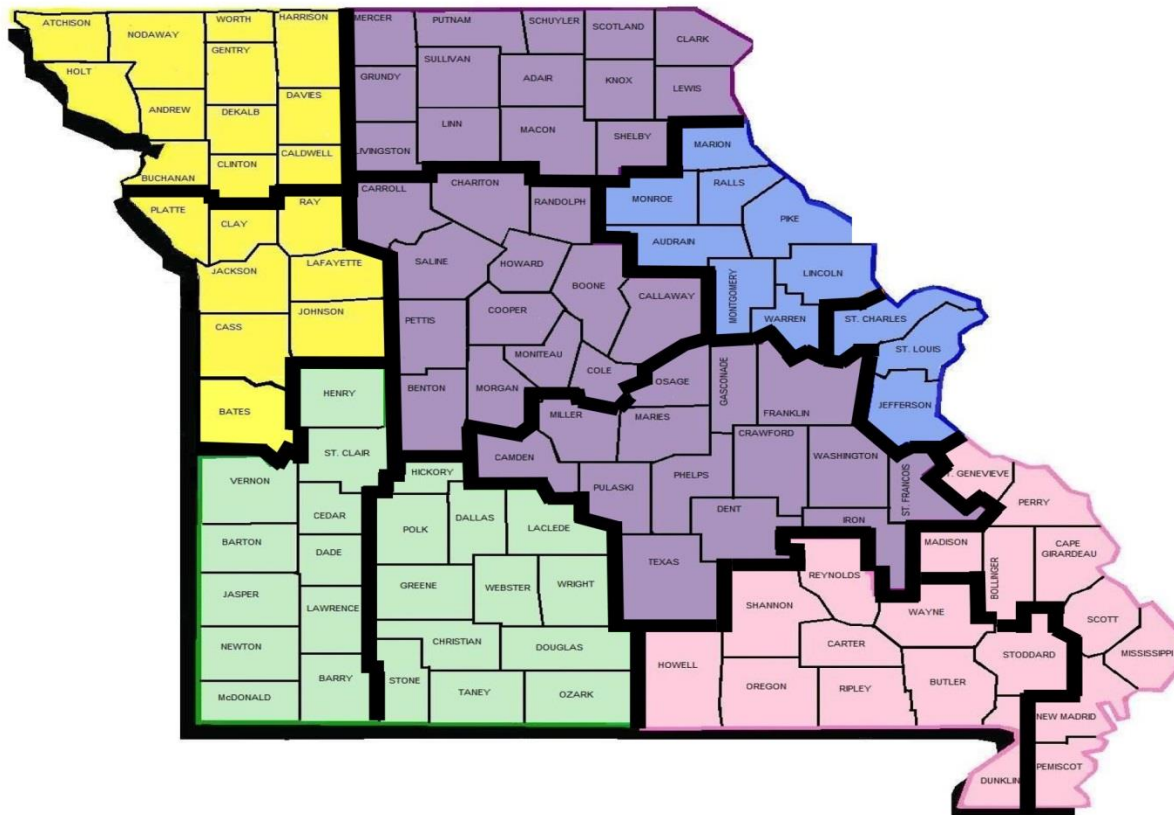
Comments

- ∞ **Is it a functional limitation or not?** *Administrators should ask the agency trainer if they are unclear. If the trainer is unsure than it will be sent to the state trainers. *The last question of each category regarding functionality most of the time and in a variety of settings must have a comment.
- ∞ **How to justify contrary scores** *if there are contrary scores the comments should give enough detail to justify the observed score.
- ∞ **Remember, No blanks are left on any part of the assessment. All blocks must be marked. All NO's require an explanation with enough detail for anyone that reads the assessment to be able to determine why it was scored a NO.**

Process to Resolve Questions

- ✎ If a unique situation is encountered and there is no clear answer to score the item, the MOCABI administrator will not mark an answer, instead they will discuss the situation with their trainer.
- ✎ If the Trainer is unable to answer then they will forward the issue to the state-wide trainers.
- ✎ The state-wide trainers will discuss and decide on a resolution.
- ✎ The decision will be posted on the MOCABI FAQ page.
- ✎ A copy of the decision will also be provided in writing to the agency in timely fashion.

Contact Information for Statewide Trainers



Contact Information for Statewide Trainers

Springfield/Joplin Regional Office Areas

Megan Davis

Connections Case Management

1727 W 26th St - Joplin MO 64804

Phone: 417-622-5854

E-mail: MDavis@ccmjc.org

Rolla/Kansas City Regional Office Areas

Alisa Arthur

Rolla Satellite Office

PO Box 1098 - Rolla MO 65402

Phone: 573-368-2528

E-mail: Alisa.Arthur@dmh.mo.gov

Poplar Bluff/Sikeston Regional Office Areas

Kelly Urhahn

Poplar Bluff Satellite Office

2351 Kanell Blvd - Poplar Bluff, MO 63901

Phone: 573-840-9300

E-mail: Kelly.Urhahn@dmh.mo.gov

Central Missouri/Kansas City Regional Office Areas

Misty Vizcarralagos

Cooper County Board of Sheltered Services

1620 W Ashley Rd. - Boonville, MO 65233

Phone: (660) 882-5112 ext. 2203

E-mail: misty.vizcarralagos@coopercountyboard.org

Kirksville/Hannibal/Albany Regional Office Areas

T. Sue Gibson

Kirksville Satellite Office

1702 E. LaHarpe - Kirksville, MO 63501

Phone: 660-785-2310

E-mail: tammy.gibson@dmh.mo.gov

St. Louis County/St. Louis Tri-County Regional Office Areas

St. Louis Office for Developmental Disability Resources

Theresa Roberts

2334 Olive St, St. Louis, MO 63103

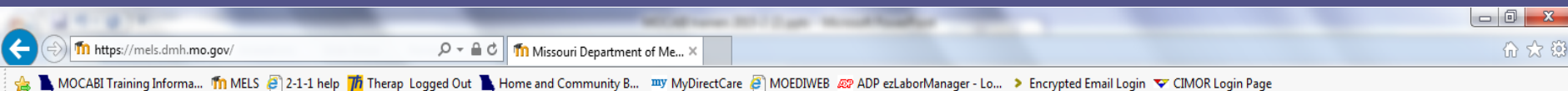
Phone: 314-421-0090

E-Mail: Troberts@stlidd.org

Resources

- ✎ MOCABI tools folder located on the DMH public website.
- ✎ Updated Instruction booklet, provided today and posted on DMH public website.
- ✎ Access to Statewide Trainers for extraordinary questions or issues that need resolution.

Navigating MELS



Missouri Department of Mental Health

You are logged in as [Megan Davis](#) (Logout)

[Home](#)

Program Management

- [Dashboard](#)
- [Program](#)
- [Learning Plan](#)
- [Reports](#)

Navigation

[Home](#)

- [My home](#)
- [Site pages](#)
- [My profile](#)
- [My courses](#)

Administration

- [My profile settings](#)



Welcome to MELS.

To begin, click the [Dashboard](#) link to view your learning plans.

Calendar

February 2016						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Site news

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IMPORTANT MELS NOTICE

by [Rick 999-Shuey](#) - Tuesday, 21 July 2015, 5:01 PM

Due to a severe technical problem from 5am to 11:30am on Tuesday 7-21-2015 anything added or taken during this time frame needs to be re-entered or re-taken in MELS.

We apologize for the inconvenience. If you have any questions please contact your MELS administrator.